DEFORE THE BOARD OF COUNTY COMMISSIONERS OF LEWIS COUNTY, WASHINGTON

MEDICAL RATES TO BE PAID BY LEWIS)	
COUNTY FOR NON-UNION EMPLOYEES)	RESOLUTION NO. 04- 385
FOR 2005)	

WHEREAS, Washington Counties Insurance Fund (WCIF) rates for medical and dental coverage for employees covered under WCIF plans will increase for 2005; and,

WHEREAS, the employer's contribution for non-union employees covered by the WCIF plans will be funded at the WCIP Budget PPO at 95% of employee premium costs and 75% for spouse/dependents premium costs. The attached sheets show employer and employee contributions for the 2005 plan year; NOW THEREFORE

BE IT HEREBY RESOLVED that Lewis County will adopt the following medical rates for 2005 for full and eligible part-time county positions not covered by collective bargaining units as listed on the attached Exhibits A and B, and incorporated by reference into this resolution.

DONE IN OPEN SESSION this _____ day of-November, 2004.

BOARD OF COUNTY COMMISSIONERS LEWIS COUNTY WASHINGTON

Chairman

Member

Member

ATTEST:

Clerk of the Board

2005 WCIP MEDICAL & WA DENTAL SERVICE INSURANCE RATES

WCIP NEW STANDARD	PPO	2005 <u>Premium</u>	Employer <u>Paid</u>	Employee <u>Paid</u>
TYOIR NEW STANDARD				
	Employee Medical	486.66	410.25	76.41
	Spouse Medical	486.66	297.42	265.65
	One Child Medical	190.54	133.16	133.79
	Children Medical	333.46	233.01	176.86
	Spouse + 1 Child Medical	677.20	430.58	323.03
	Spouse + Children Medical	820.12	530.43	366.10
WA Dental Service	*Employee /Department O		t includes \$76.41 E	
WCIP BUDGET PPO	Employee/Dependent Composite	93.48	93.48	0.00
	Employee Medical	\$437.80	410.05	07.55
	Spouse Medical		410.25	27.55
	One Child Medical	396.56	297.42	126.69
	Children Medical	177.54	133.16	71.93
	Spouse + 1 Child Medical	310.68	233.01	105.22
	Spouse + Children Medical	574.10	430.58	171.07
		707.24	530.43	204.36
WA Dental Service	Employee/Dependent Composite	yee Paid amount 93.48	includes \$27.55 Er 93.48	
NCIP Value PPO		30.46	93.40	0.00
	Employee Medical	399.53	300.53	0.00
	Spouse Medical		399.53	0.00
	One Child Medical	361.90	297.42	64.48
	Children Medical	162.03	133.16	28.87
	Spouse + 1 Child Medical	283.53	233.01	50.52
	Spouse + Children Medical	523.93	430.58	93.35
WA Dental Service	Employee/Dependent Composite	645.43	530.43	115.00
VCIP AfFOURable Plan	Employee/Dependent Composite	93.48	93.48	0.00
TON AN CONADIG FIAM	Employee Madical			
	Employee Medical	319.62	319.62	0.00
	Spouse Medical	289.53	289.53	0.00
	One Child Medical	129.62	129.62	0.00
	Children Medical	226.83	226.83	0.00
	Spouse + 1 Child Medical	419.15	419.15	0.00
MA Dontal Camina	Spouse + Children Medical	516.36	516.36	0.00
WA Dental Service	Employee/Dependent Composite	93.48	93.48	0.00
SUDGET OPTIONS (FOR	MERLY GROUP HEALTH)			
	Employee Medical	432.53	410.25	22.28
	Spouse Medical	432.53	297.42	157.39
	One Child Medical	235.70	133.16	124.82
	Children Medical	471.88	233.01	261.15
	Spouse + 1 Child Medical	668.23	430.58	259.93
	Spouse + Children Medical	904.41	530.43	396.26
	*Employ		ncludes \$22.28 Emp	
WA Dental Service	Employee/Dependent Composite	93.48	93.48	0.00
PTIONS SELECT - \$200	deductible (FORMERLY GROUP HEAL	TH)		0.00
	Employee Medical	387.12	387.12	0.00
	Spouse Medical	387.12	297.42	89.70
	One Child Medical	210.96	133.16	77.80
	Children Medical	422.36	233.01	189.35
	Spouse + 1 Child Medical	598.08	430.58	167.50
	Spouse + Children Medical	809.48	530.43	279.05
WA Dental Service	Employee/Dependent Composite	93.48	93.48	0.00
			55.40	0.00
ISION SERVICE PLAN				
	Employee/Dependent Composite	15.07	15.07	0.00
IFE INSURANCE (\$12,000	Employee)			0.00
	Employee Life	1.80	1.80	0.00
	Dependent Life	0.65	0.00	
MPLOYEE HEALTH & AC		0.00	0.00	0.65
	Employee only	2.85	2.85	0.00
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		PF	· O		Options Budget	Options Select - 200 Inside Network Only
	New Standard	Budget	Value	AfFOURdable	Inside Network	
ternative Care	Alternative Care must be Naturopaths treated a Acupuncturists limited to 12 smoking c Massage Therapy must be pre (some restric Chiropractic Care defined in C Summary, services subject to applicable	s any other provider. visits; none for obesity or essation. essation do a medical doctor; tions apply) chiropactic Section of Benefit All	\$500 annual maximum for Al Care must be medically neces any other provider. Acupunctus for obesity or smx Massage Therapy must be pre Chiropractic Care defined i services subject to applicabl coinsur	sary. Naturopaths treated as ists limited to 12 visits; none king cessation. scribed by a medical doctor. n Chiropactic Section.All e copays, deductibles and	Acupuncture 5 self referral visits then need PCP referral; Naturopathy 2 self referral visits then need PCP referral; Massage Therapy must be referred by PCP, covered only for specified conditions, subject to \$15 copay. See Chiropractic Care Section.	Acupuncture 5 self referral visits then need PCP referral; Naturopathy 2 self referral visits then need PCP referral; Massage Therapy must be referred by PCP covered only for specified conditions, subject to annual deductible & \$15 copay. See Chiropractic Care Section.
niropractic Care	100% after \$20 copay up to 12 visits per year; 100% for x rays	80% after \$20 copay up to 12 visits per year, 80% for x- rays	80%, after \$20 copay and	100% after \$20 copay first 4 visits, then 80% after deductible, see diagnostic x- ray, lab for x-rays	10 visits per calendar year, \$15 copay per visit	10 visits per calendar year. Subje to annual deductible, then \$15 copay per visit
o-insurance	Percentage varies based on provider and type of service; \$1,000 annual out-of-pocket per person; \$2,000 annual out-of-pocket per family	Percentage varies based on provider and type of service; \$1,500 annual out-of-pocket per person; \$3,000 annual out-of-pocket per family	provider and type of service;	Percentage varies based on provider and type of service; \$5,000 annual out-of-pocket per person; \$10,000 annual out-of-pocket per family;	\$2,000 annual out-of-pocket per person; \$4,000 annual out-of- pocket per family	\$2,000 annual out-of-pocket per person; \$6,000 annual out-of- pocket per family
eductible/Copays	No deductibles; \$20 office of apply to annual out			Deductible \$500 per person/\$1000 per family; \$20 office visit copay. Deductible and copay do not apply to annual out of pocket maximum.	No deductibles/see copays below	Deductible \$200 member; \$600 family see copays below
iabetes Management pecial Benefit	facility to a lifetime maxim approved if it qualifies under under this benefit is not app	approved diabetes training num of \$300; the facility is the Medicare Act; coverage ited to the co-insurance limit; to copay	80% after deductible for th diabetes training facility to a lif facility is approved if it qualit coverage under this bene- insurance limit; subject t	fetime maximum of \$300; the les under the Medicare Act; It is not applied to the co-	100% after \$15 copay per visit	Subject to annual deductible, the 100% after \$15 copay per visit
Diagnostic, X-Ray, Lab	100% for PPO doctor or lab with \$20 copay;90% for hospital lab; 60% for non- PPO Provider	80% for PPO doctor or lab with \$20 copay; 80% for hospital lab; 50% for non- PPO Provider	80% for PPO doctor or lab after \$20 copay and deductible; 80% for hospital lab after deductible; 50% for non-PPO Provider	100% for PPO doctor or lab after \$20 copay, first \$500 per member; then 80% after \$20 copay and deducible; 50% for non PPO Provider	100%	Subject to annual deductible, th
Ernergency Room (Life Threatening)	Must be life or limb threatening, 90% after \$75 copay for PPO; 60% after \$75 copay for non-PPO; copay waived if admitted to hospital	Must be life or limb threatening, 80% after \$75 copay for PPC; 50% after \$75 copay for non-PPC; copay walved if admitted to hospital	Must be life or limb threatening. 90% after \$75 copay and deductible for PPO; 50% after \$75 copay and deductible for non-PPO; copay waived if admitted to hospital	Must be life or limb threatening, 80% after \$100 copay for PPO; 50% after \$100 copay for non-PPO; copay waived if admitted to hospital	100% after \$75 copay at Option Network Facility	100% after \$75 copay at Option Network Facility, \$125 deductit at Non-Options Network Facilit
Eye Examination	100% after \$20 copay once in 12 months; 60% after \$20 copay for non-PPO			See Office Visit	100% after \$15 copay per year	100% after \$15 copay per yea Not subject to annual deductib
Hospital Room & Board	90% of semi-private room rate for PPO; Pre-Admission approval required; 60% for non -PPO	80% of semi-private room rate for PPO; Pre-Admission approval required; 50% for non-PPO	Dra. Admission anoroval	80% of semi-private room rate after deductible for PPO Pre-Admission approval required; 50% after deductible for non-PPO	\$100 per day copay to maximum o \$500 per member annually	f Subject to annual deductible, th 100%
Hospital Misc. Expenses	90%	80%	80%	80%	100%	Subject to annual deductible, the 100%
Intensive Care	90% for PPO ; Pre- Admission approval required 60% for non-PPO Provider	80% for PPO; Pre-Admission; approval required; 50% for	10076 IOI FF C SOUJECT IO GEOG	L ctible; Pre-Admission approve tible for non-PPO Provider	100%	Subject to annual deductible, to 100%
	00% 101 HOTEF O Flowider	<u> </u>	00%		100%	Subject to annual deductible, the
Mammograms Office Visit	100% after \$20 copay for PPO; 60% after \$20 copay for non-PPO; no copays for allergy shots	80% after \$20 copay for PPO; 50% after \$20 copay	80% after \$20 copay and deductible for PPO; 50% after \$20 copay and	100% after \$20 copay for firs 4 visits for PPO, then 80% after \$20 copay and deductible; no copays for allergy shots	100% after \$15 copay	Subject to annual deductible, the 100% after \$15 coppy
Prescription Drugs (Participating Pharmacies)	Retail \$10 generic, \$18 b	FORMULARY DRUG PLA rand name formulary, 50% no \$45 brand name formulary, 50 supply;	.N n-formulary for 30 day supply;	50% FORMULARY DRUG PLAI Retail 50% generic, brand name, and non-preferred brand name; Mail order 50% for 90 day supply all drugs	30 day supply subject to \$10 copa	30 day supply subject to \$10 generic / \$20 brand copay. N subject to deductible. 90 day n order available for maintenan drugs with \$20 generic/ \$40 br copay. Not subject to deductible.
Routine Physical Examination	\$300 once per year after \$2 copay per visit; 60% benefit for non-PPO; includes Wel Baby care. Also covers CD physicals for Public Works employees and Bus Driver only.	is copay per visit; 50% benefit for non-PPO; includes We Baby care. Also covers CI physicals for Public Work	its Well Baby Care Only \$20 office visit copay Beductible does not apply	\$500 once per year benefit covered in full after \$20 offic visit copay. Does not apply to 4 visit limit. Deductible does not apply.	se .	100% after \$15 copay Not subject to annual deducti
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2005 WCIP MEDICAL & WILLAMETTE DENTAL INSURANCE RATES 2005 Employer Employee Premium Paid Paid

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iical 226.83 Table Medical 419.15 A19.15 A19.99 A19.99 A19.99 A19.99 A19.99 A19.63 A19.53 A19.53 A19.53 A19.53 A19.53 A19.53 A19.53 A32.53 A33.5 A32.63 A33.5 A33.7 A33.5 A33.7 A33.5 A33.		Spouse Medical One Child Medical	289.53	289.53	0.00
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Separate		Spouse + 1 Child Medical	419.15	419.15	0.00
Dependent Dental 38.99 38.99 38.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119.99 119		Spouse + Children Medical	516.36	516.36	00
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Dependent Dental 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 63.35 6		Employee + 2 or More Dependents		119.99	20
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#ROUP HEALTH) *dical 432.53 432.53 cal 432.53 305.27 Alical 235.70 141.01 lical 235.70 141.01 lical 688.23 381.79 hid Medical 688.23 381.79 hid Medical 63.35 63.35 or More Dependents 119.99 71.20 ### #FORMERLY GROUP HEALTH) dical 387.12 387.12 cal 387.12 387.12 cal 422.36 229.63 hid Medical 598.08 427.20 did Medical 809.48 527.05 hid Medical 63.35 63.35 or More Dependents 119.99 119.99 Dependent Dental 63.35 63.35 or More Dependents 119.99 119.99 Dependent Dental 63.35 63.35 or More Dependents 119.99 119.99 Dependent Coverage only: Dependent Coverage only: Dependent Dental 63.35 63.35 or More Dependents 119.99 116.61 Dental 38.99 38.99 Dependent Coverage only: Dependent Composite 15.07 15.07 [Reb] 1.80 1.80 1.80 1.80 1.80 1.80 1.80				119.99	0.0
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Ical 235.70		Spouse Medical	432.53	305.27	127
Ical 471.88		One Child Medical	235.70	141.01	2
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AGENDA ITEM #: RESOLUTION #	BOCC MEETING DATE: 12-6-04
suggested wording for agenda ITEM: Medical lates to be employees for 20	Notice Consent Discussion Hearing And by L.C. for non-lemon OS
BRIEF REASON FOR BOCC ACTION:	
BRIEF REASON FOR BOCC ACTION.	
SUBMITTED BY: BOCK CONTACT PERSON WHO WILL ATTEND BOCK	PHONE: 1170 DATE SUBMITTED: 11-23-04
TYPE OF ACTION NEEDED: Approve Resolution Approve Ordinance (Traffic or other) Execute Contract / Agreement Other (please describe):	Call for Bids / Proposals Bid Opening Notice for Public Hearing *(see Publication Requirements)
*PUBLICATION REQUIREMENTS:	Resolution e-mailed to Clerk Not applicable
Hearing Date: Publish Date(s):	(Must be at least 10 days after first publication date) (2 weeks for routine budget, property disposal / auction or vacations)
Publication(s): EAST COUNTY JOU	(3 weeks for property lease) IRNAL CHRONICLE OTHER:
ALL AGENDA ITEMS: Department Director / Head: Chief Administrative Officer: Prosecuting Attorney:	EMPLOYEE ITEMS: (relating to employment, salary, position, reclassification, union, etc.) Human Resource Coordinator: ###################################
BANKING OR REVENUE ITEMS: Treasurer:	SLEADING TEM
BUDGET AND PAYROLL ITEMS: Chief Accountant:	Fund: Department: Total Amount: \$
CLERK'S DISTRIBUTION OF SIGNED DOCUM	
Send cover letter: (city/state/zip) File originals: File copy: File copy: BOCC mtg folder hearing/bid folder working file	Additional copies: